

1195

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH, County Registrar's No. \*

Place of Birth Hayden County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>March 29</u> <u>1914</u> (Month) (Day) (Year)			
FULL NAME <u>Byron Duell Goodridge</u>	FATHER		
FULL MAIDEN NAME <u>Ella Laura Bush</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named  
Byron Bush Goodridge  
(Give name in full) (Surname)  
Ben Avery  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

✓ 275-320-528